

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: COMPOSITIONS AND METHODS FOR  
TREATING LYMPHOMA

Attorney Docket Number:: 480208.401C2

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Andreas
Middle Name::	H.
Family Name::	Sarris
Name Suffix::	
City of Residence::	Houston
State or Province of Residence::	TX
Country of Residence::	US
Street of mailing address::	7200 Alameda Road, Apt. 715
City of mailing address::	Houston
State or Province of mailing address::	TX
Country of mailing address::	US
Postal or Zip Code of mailing address::	77054

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Fernando
Middle Name::	
Family Name::	Cabanillas
Name Suffix::	
City of Residence::	Houston
State or Province of Residence::	TX
Country of Residence::	US
Street of mailing address::	Box 68, 2316 Shakespeare Road

City of mailing address:: Houston  
State or Province of mailing address:: TX  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 77030

### **Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Patricia  
Middle Name:: M.  
Family Name:: Logan  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 462 Aubrey Place  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V5V 2T6

### **Fourth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Clive  
Middle Name:: T. R.  
Family Name:: Burge

Name Suffix::  
City of Residence:: Brentwood Bay  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 917 Damelart Way  
City of mailing address:: Brentwood Bay  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V8M 1C2

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: H.  
Family Name:: Goldie  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 2558 West 7th Avenue  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V6K 1Y9

**Sixth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Murray  
Middle Name:: S.  
Family Name:: Webb  
Name Suffix::  
City of Residence:: Delta  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 8467 Sunset Drive  
City of mailing address:: Delta  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V4C 3Y5

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
----------------------------------	--	--------------

**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	09/541,436	03/31/00
09/541,436	An application claiming the benefit under 35 USC 119(e)	60/137,194	06/02/99
09/541,436	An application claiming the benefit under 35 USC 119(e)	60/127,444	04/01/99

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Board of Regents, The University of Texas System
Street of mailing address::	201 West 7 <sup>th</sup> Street
City of mailing address::	Austin
State or Province of mailing address::	TX
Country of mailing address::	US
Postal or Zip Code of mailing address::	78701

Assignee name::	Inex Pharmaceuticals Corporation
Street of mailing address::	100-8900 Glenlyon Parkway, Glenlyon Business Park
City of mailing address::	Burnaby
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6K 3S4

C:\NrPortbl\Manage\JOHNNOV438255\_1.DOC [9/19/01]